



State of Connecticut
Department of Banking
CONSUMER CREDIT DIVISION
260 CONSTITUTION PLAZA • HARTFORD, CT 06103-1800



APPLICATION FOR A CONSUMER COLLECTION AGENCY LICENSE

Application is hereby made for a license under Chapter 669, Part XII, of the Connecticut General Statutes:

1. Name of Applicant: _____
(Complete name under which business is conducted)

D/B/A Name (If applicable) _____

1a. Telephone No.: _____ 1b. Fax No.: _____

1c. E-mail address: _____

2. Location of office to be licensed under this application:

(Number and Street) (City) (State) (Zip Code)

Mailing address if different from location of office to be licensed:

(Number and Street) (City) (State) (Zip Code)

2a. Name and address of home office or parent company if Applicant is operated as a branch or subsidiary:

(Name)

(Number and Street) (City) (State) (Zip Code)

3. Is the Applicant presently engaged in the consumer collection agency business? Yes ☐ No ☐ If yes,
(a) Date business commenced: _____
(b) States in which Applicant operates: _____

4. Form of organization: _____
(Sole Proprietorship, Partnership, Corporation, Limited Liability Company ("LLC"), etc.)
If incorporated, state and date of incorporation. If an LLC, the state and date of formation of the LLC:

(State) (Date)

a. Federal Employer Identification Number: _____

b. If a Sole Proprietorship, Federal Social Security Account Number: _____

5. Name and residence of the owner or partners or in the case of a corporation, association or trust, list the directors, trustees, principal officers, and authorized agent. In the case of an LLC, list each member:

NAME	TITLE	RESIDENCE	DATE OF BIRTH	OTHER OCCUPATION
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6. Are you engaged, or do you intend to engage in the consumer collection agency business in conjunction with any other business? Yes ☐ No ☐ If yes, specify other business in detail:

7. Name and residence of person in charge of the office listed under item 2:

Name	Number and Street	City	State	Date of Birth	Office Location
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7a. Name, address and position of each other employee, sales agent, collector or similar person at the office to be licensed, whether an independent contractor or not (exclude persons with solely clerical functions):

NAME	NUMBER AND STREET	CITY	STATE	POSITION
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8. Has the Applicant or any employee, officer, director, partner, member, sales agent, collector or similar person, whether an independent contractor or not:
- (a) ever been convicted in any state or federal court of any crime (not including motor vehicle traffic misdemeanors)? Yes ☐ No ☐
 - (b) ever been the subject of actions (cease and desist orders, consent orders, injunctions, license suspensions or revocations, etc.) by any regulatory agency? Yes ☐ No ☐
 - (c) ever been refused any license (except motor vehicle operator) by the Department of Banking or any other governmental agency or withdrawn such an application? Yes ☐ No ☐
 - (d) ever been a defendant in any litigation filed in connection with the consumer credit business? Yes ☐ No ☐

If the answer to any of the foregoing is yes, explain the circumstances fully using additional sheets if necessary.

9. If the Applicant is a corporation, full given name and residential address (P.O. Box is not acceptable) of any stockholder owning 10% or more of the outstanding stock in the corporation. If the Applicant is a partnership or an LLC, full given name and residential address and list the percentage of ownership of each partner or member. If any such stockholder is a corporation, on a separate sheet, please provide a list of the principal officers and all directors of such corporation together with the title, residential address and date of birth of each principal officer and director.

NAME	NUMBER AND STREET	CITY	STATE	PERCENT OF OWNERSHIP
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10. Is the Applicant a subsidiary, direct or indirect, of a banking corporation, a savings bank or a savings and loan association, or a subsidiary of a holding company of such institutions: Yes ☐ No ☐ If yes, provide details using additional sheets as necessary.

SIGNATURE OF APPLICANT

By: _____
Signature Print Name & Title

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____,
personally appeared _____
(Name and Title)

to me known, and known by me to be the signer of the foregoing instrument, who being first duly sworn upon oath, deposes and says he/she has read, and knows the contents thereof, and that the alleged facts herein contained are true to his/her knowledge.

_____ (Notary Public) or (Commissioner of Superior Court)	_____ (Commission Expiration Date)
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NOTE: If the Applicant is a corporation or association, this instrument must be signed by the President, Vice President or Secretary of the Applicant. If the Applicant is a partnership or LLC, this instrument must be signed by a general partner or member who is duly authorized to execute on behalf of the partnership or LLC, contracts, deeds and other instruments under seal.